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APPLICATION NO. FILING DATE			FIRST NAMED INVE		. ATTORNE		NEY DOCKET NO.	CONFIRMATION NO.	
10/738,912	912 12/16/2003		Herman E. Snyder		PAT053285-US-CNT				
107/38,912 12716/2003 Herman E. Snyder PAT053285-US-CNT 8356 TITLE OF INVENTION: PREFILMING ATOMIZER									
TITLE OF INVENTIONS	: PREFILMING ATOM	IZEK							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	DUE 1	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810	05/17/2011	
EXAMINER		ART UNIT	CLASS-SUBCLASS	s					
BOECKMANN, JASON J		3752	239-102200						
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list									
CFR 1.363).		(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
Change of corresponded Address form PTO/SB	(2) the name of a single firm (having as a member a 2								
"Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print o	or type)				
			•	• •	•	e is ide	ntified below, the do	cument has been filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
NOVARTIS AG BASEL, SWITZERLAND									
• • • • • • • • • • • • • • • • • • •									
Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 💆 Corporation or other private group entity 🚨 Government									
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)									
🛂 Issue Fee	A check is enclosed.								
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Advance Order - #	☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number								
5. Change in Entity Stat	us (from status indicated	l above)	overpayment, to 2	горози			O 10- (unicose un	- CALLE COPY OF LIES FORING.	
_	SMALL ENTITY statu		☐ b. Applicant is no	longe	er claiming SMAL	L ENTI	TY status. See 37 CF	R 1.27(g)(2).	
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Authorized Signature	Yh	bel / May	7/2-		Date		May <u>(6</u> ,	2011	
Typed or printed name	Mic	hael JMAZZA //			Registration No	э	30,775		
This collection of informa	ation is required by 37 C	FR 1.311. The information	on is required to obtain	or ret	ain a benefit by th	e public	which is to file (and	by the USPTO to process)	
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